

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## Public Health Administration in Counties and Cities of California

The California State Department of Public Health regards the county as the logical local unit in public health administration. To be sure, the large city is a suitable unit for administrative purposes in a metropolitan area but the county, because of its governmental status, must be regarded as the proper unit for general public health administration.

The Political Code makes provision for the appointment in each county by the board of supervisors of a health officer who shall be a graduate of a medical college of good standing and repute. He is charged with the enforcement and observance of all orders and ordinances of the board of supervisors pertaining to health and sanitary matters, all orders, quarantine regulations and rules prescribed by the State Board of Health, all statutes relating to the public health and to vital statistics.

The Political Code also makes provision for the appointment by city board of trustees, city council, or other municipal legislative body of a city health officer whose duty it is to enforce and observe all local ordinances pertaining to health and sanitary matters, all orders, quarantine regulations and rules prescribed by the State Board of Health and all statutes relating to the public health and to vital statistics. City and county health officers are required to report to the State Board of Health the sanitary condition of the locality, the number of deaths with the cause of each

and the presence of epidemics or other dangerous, contagious or infectious diseases and such other matters within their knowledge or jurisdiction as the state board may require.

A statute enacted in 1917 provides for the establishment of local health districts which may cover incorporated or unincorporated territory or both, containing one or more counties. Such district is supported through a tax levy. Only one county of California has so far made use of the organization provided in this statute.

During the past twenty years great impetus has been given to the organization of full-time county health units. The State Board of Public Health has been active in stimulating the organization of such units. At the present time, there are twenty-one full-time county health units operating in California including San Francisco which is organized as a city and county and has no area which may be considered as rural. The following are the rural county health units operating upon a full-time basis together with the year in which such units were established:

Los Angeles	1915
Orange	1922
Monterey	1923
San Joaquin	1923
San Luis Obispo	1923
San Diego	1924
Santa Barbara	1925
Riverside	1926



Contra Costa	1928
Madera	1928
Stanislaus	1929
Imperial	1930
San Bernardino	1931
Kern	1931
Alameda	1933
San Mateo	1933
Fresno	1935
Ventura	1937
*Yolo	1937
Santa Cruz	1937

\* A full-time unit was first established in Yolo County in 1927, but it reverted to a part-time basis after operating three or four years, only to be reestablished in 1937.

Of these, nine counties, Contra Costa, Madera, Monterey, Orange, San Luis Obispo, Santa Barbara, Stanislaus, San Bernardino and Yolo, received subsidies from the state through the State Board of Public Health, the International Health Board or the United States Public Health Service during the early periods of their existence. It was customary for the state to provide public health nursing service and for the International Health Board or the Public Health Service to pay portions of the health officer's salary. After three years of such subventions assistance was withdrawn, it being assumed that at the end of that time the demonstration had been completed and that the county would be able to carry on the activities without further assistance. The wisdom of this course is revealed in the fact that full-time units continued in all of these counties with the exception of Yolo which has been on a part-time basis for several years but is once more operating with full-time facilities.

#### CALIFORNIA CITIES HAVING FULL-TIME PUBLIC HEALTH SERVICE

At present, the following cities of California have health departments, not included with county units, whose staff members are employed full time:

City	Population 1930 census
Los Angeles	1,254,179
Long Beach	144,140
Oakland	285,717
Pasadena	76,836
San Jose	58,090
Palo Alto	13,841
Sacramento	94,429
San Francisco	637,509
Berkeley	82,745
Santa Barbara	33,959
Total	2,681,445

In arthritis, heavy massage and vigorous stretching and pulling of joints are absolutely harmful and should never be done.

Little things can determine another's opinion of you; the way you do your hair, the tone of your voice, your dress and—the way you walk.

#### CONTROL OF EPIDEMIC DISEASES IN CALIFORNIA

The terminals of the greatest trade routes with Oriental countries, and some tropical countries as well, are in the two great ports of the Pacific—San Francisco and Los Angeles. In spite of the effective quarantine that is maintained by the United States Public Health Service, California has certain definite problems related to the importation of serious and rapidly fatal infections from Oriental and tropical countries. It is impossible to discover many of these infections through the routine examinations that are conducted by port authorities and they creep into California occasionally in spite of the efficient safeguards that are provided. Virulent smallpox from Oriental ports occasionally finds its way into California communities. This is not the type of smallpox that is ordinarily encountered throughout the United States but a highly virulent form, extremely rapid in its death-dealing performance. A severe form of epidemic meningitis has been brought into California by Filipinos and their contacts in California occasioned considerable alarm, necessitating an embargo, upon presidential proclamation, covering passengers from certain Oriental ports.

California continually faces acute problems in the prevention of plague, imported epidemic meningitis, virulent smallpox, typhus fever, and other infectious diseases which are uncommon to us but which are common in Asiatic countries. To be prepared against invasions of these devastating diseases is a matter of the utmost necessity. It is only through the maintenance of a highly trained and efficient personnel, skilled in the prevention and control of communicable diseases, that California is able to provide safeguards against these menaces, not only to the health of its own communities but to all other communities throughout the United States, as well.

Among the more unusual diseases which the California Department of Public Health has been obliged to study in order to develop methods of control are cocci-dioid granuloma, Rocky Mountain spotted fever, psittacosis, tularemia and relapsing fever. In order to perform the necessary epidemiological investigations which the presence of these diseases requires, it is necessary to employ high-grade technical assistants. In fact, it would seem that one of the chief functions of the California State Department of Public Health now lies in the provision of the highest grade of technical service to supplement and augment the efficient public health service that is provided by local communities throughout the State. During recent years the development of local health units has been most



rapid. This relieves the State Department of Public Health of much petty routine and the unnecessary burden-bearing which was the rule during preceding years. Its staff is relieved for the performance of duties which local health departments are not equipped to carry out. It is thus better able to care for the countless emergencies that arise and which do not lie within the province of local health departments. It is possible that the time will come when the State health department may consist only of the most highly trained specialists, whose duties will lie solely along lines of research and investigation, providing only the skilled services which local communities are unable to afford or provide.

### MORBIDITY REPORTING IMPROVES

The reporting of communicable diseases as required by law, in California, has improved greatly during recent years. The increased efficiency is indicated in the following table which represents the total numbers of cases of such diseases reported in California since 1913. Separate tabulations for influenza and measles, annually, since 1917, are appended. Since these two diseases move in cyclic waves, their segregation emphasizes the routine efficiency with which all other communicable diseases are reported.

#### CALIFORNIA

Total Number Cases of Communicable Diseases Reported, 1913-1936

Year	Total	Influenza	Measles
1913	15,499	-----	-----
1914	31,792	-----	-----
1915	36,952	-----	-----
1916	36,358	-----	-----
1917	65,134	-----	-----
1918	306,194	230,845	23,018
1919	124,998	82,682	3,967
1920	138,703	66,183	17,030
1921	78,707	2,565	14,246
1922	101,576	45,433	1,048
1923	96,980	8,081	26,882
1924	108,591	1,106	27,373
1925	81,511	2,636	2,396
1926	96,255	6,097	18,281
1927	141,896	1,645	58,963
1928	144,969	46,062	4,002
1929	107,140	5,803	4,417
1930	144,653	1,778	46,968
1931	119,269	7,016	29,748
1932	126,276	17,423	13,651
1933	130,709	5,208	28,051
1934	134,823	1,555	31,962
1935	154,004	4,478	33,644
1936	202,861	27,205	53,837

Vivisection as practiced by those who are spending their lives in the service of humanity is not unethical, i. e., is not against right reason—or immoral, i. e., contrary to the laws of Providence and of nature.

### VENEREAL DISEASES REPORTED

An improvement is noted in the reporting of cases of gonorrhea and syphilis during the past three years. Most of such cases have been reported from public clinics but private practitioners are now reporting more cases than heretofore. During the World War, starting as an emergency measure, a bureau of venereal diseases was maintained within the State Department of Public Health—the first such bureau to be established in the United States. Through lack of funds, in 1920, the bureau was discontinued. It is believed that with the enactment of specific legislation and the provision of additional funds, by the state, definite progress may be made in bringing these diseases under a better degree of control.

Gonorrhea Cases Reported in California, 1920-1936

Year	Cases reported
1920	5,306
1921	4,709
1922	5,060
1923	5,704
1924	5,265
1925	5,391
1926	5,570
1927	5,348
1928	5,599
1929	5,842
1930	7,001
1931	8,123
1932	8,702
1933	7,817
1934	10,459
1935	10,630
1936	12,118

Syphilis Cases Reported in California, 1920-1936

Year	Cases reported
1920	4,498
1921	4,220
1922	5,188
1923	5,983
1924	6,546
1925	6,931
1926	6,369
1927	6,573
1928	7,538
1929	8,073
1930	8,455
1931	9,335
1932	11,717
1933	10,737
1934	11,820
1935	11,957
1936	11,725

The main objectives in the present state plan for venereal disease control consist of (a) the provision of adequate facilities for the diagnosis and control of syphilis; (b) provision of educational facilities leading to advances in methods of treatment and control of syphilis; (c) education of the general public in all matters pertaining to venereal diseases and their control; (d) stimulation of case reporting and the provision of adequate supervision over active cases of syphilis; (e) intensive and complete investigations of early and potentially infectious cases of syphilis and their contacts.

Workmen sometimes have to change occupations; it's not the fault of the job, but there's something about the work being done that is poisonous to the workman.

There is always a certain amount of communicable disease lurking in a community; thus disaster conditions such as are now in the midwestern flooded area throw the door wide open for its spread.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
August 7, 1937

## Chickenpox

56 cases: Berkeley 1, Oakland 1, San Leandro 1, Kern County 2, Los Angeles County 2, Glendale 2, Long Beach 1, Los Angeles 11, Pasadena 2, San Marino 1, Whittier 1, Lynwood 1, San Anselmo 1, Orange County 5, Fullerton 1, Sacramento 5, San Francisco 4, Stockton 1, San Luis Obispo 2, San Mateo 1, Santa Barbara County 4, Palo Alto 2, Petaluma 1, Yolo County 1, Winters 2.

## Diphtheria

21 cases: Berkeley 1, San Leandro 1, Contra Costa County 2, Los Angeles 7, San Diego 7, San Francisco 1, Santa Barbara County 1, Ventura County 1.

## German Measles

12 cases: Berkeley 1, Oakland 1, Imperial County 1, Los Angeles County 1, Glendale 1, La Verne 1, Los Angeles 2, Orange County 1, Anaheim 1, Santa Ana 1, San Luis Obispo 1.

## Influenza

7 cases: Huntington Park 1, Long Beach 1, Los Angeles 2, Lynwood 1, Orange County 1, Brea 1.

## Malaria

3 cases: San Francisco 1, San Joaquin County 1, Marysville 1.

## Measles

23 cases: Berkeley 1, Oakland 1, Antioch 1, Eureka 1, Bakersfield 1, Los Angeles County 1, Burbank 1, Los Angeles 2, Pasadena 1, Pomona 1, Santa Monica 1, Mendocino County 1, Calistoga 1, Fullerton 2, Riverside County 2, San Bernardino 1, Stockton 1, Santa Barbara County 1, San Jose 1, Sunnyvale 1.

## Mumps

93 cases: Alameda County 1, Berkeley 7, Oakland 2, Richmond 1, Fresno County 1, Imperial 2, Kern County 1, Los Angeles County 4, Arcadia 1, El Monte 1, Glendale 1, Huntington Park 1, Los Angeles 11, Monrovia 1, Pasadena 1, San Marino 1, Santa Monica 1, Lynwood 1, San Anselmo 8, San Rafael 2, Pacific Grove 1, Anaheim 2, Santa Ana 1, Riverside County 1, San Diego County 2, Chula Vista 3, National City 3, San Diego 10, San Francisco 13, Stockton 1, San Luis Obispo County 1, San Mateo 1, Santa Barbara County 1, Santa Barbara 1, Siskiyou County 1, Ventura County 1, Ventura 1.

## Pneumonia (Lobar)

35 cases: Berkeley 2, Eureka 1, Los Angeles County 2, Alhambra 1, Glendale 1, Los Angeles 7, Pasadena 1, Mendocino County 1, Salinas 1, Santa Ana 1, Sacramento 2, San Francisco 5, San Joaquin County 3, Stockton 3, San Mateo 1, Watsonville 1, Petaluma 2.

## Scarlet Fever

50 cases: Alameda County 1, Oakland 3, San Leandro 1, Martinez 1, Fresno 1, Lassen County 1, Los Angeles County 1, Alhambra 1, Hermosa 1, Los Angeles 9, Pomona 1, Bell 1, Marin County 1, Mono County 1, Napa County 1, Orange County 3, Brea 2, Orange 2, Santa Ana 2, Riverside 2, Sacramento 1, San Bernardino County 1, San Francisco 4, San Joaquin County 1, Stockton 2, Santa Barbara 1, San Jose 4.

## Smallpox

10 cases: Alameda County 1, Los Angeles 1, San Diego County 5, San Diego 3.

## Typhoid Fever

20 cases: Fresno County 5, Fresno 1, Callexico 1, Beverly Hills 1, Los Angeles 1, Corona 1, San Francisco 3, Stanislaus County 1, Modesto 1, Tulare County 1, Visalia 2, California 2.\*

## Whooping Cough

372 cases: Alameda County 11, Alameda 6, Berkeley 3, Oakland 16, Richmond 1, Fresno County 4, Fresno 1, Imperial County 1, Westmoreland 1, Kern County 2, Lassen County 1, Los Angeles County 42, Alhambra 2, Avalon 1, El Monte 1, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 5, Los Angeles 60, Pasadena 7, Pomona 3, San Fernando 1, San Marino 1, Santa Monica 3, Lynwood 1, Marin County 2, Monterey County 5, Monterey 10, Brea 7, Santa Ana 2, La Habra 4, Laguna Beach 1, Corona 2, Riverside 3, Sacramento County 3, Sacramento 10, San Bernardino 1, National City 1, San Diego 13, San Francisco 35, San Joaquin County 2, Stockton 8, San Luis Obispo 1, Redwood City 3, San Mateo 3, Menlo Park 1, Santa Barbara County 18, Lompoc 2, Santa Barbara 3, Santa Maria 3, Santa Clara County 5, Palo Alto 13, San Jose 5, Watsonville 1, Solano County 2, Dixon 7, Ventura County 13, Santa Paula 1, Woodland 4.

## Meningitis (Epidemic)

2 cases Imperial County 1, South Gate 1.

## Dysentery (Amoebic)

2 cases: Los Angeles 1, San Francisco 1.

## Dysentery (Bacillary)

12 cases: Los Angeles County 4, Los Angeles 7, Lynwood 1.

## Ophthalmia Neonatorum

One case: Berkeley.

## Pellagra

One case: San Francisco.

## Pollomyelitis

36 cases: Oakland 1, Contra Costa County 1, Kern County 10, Bakersfield 1, Los Angeles 8, Pasadena 1, Torrance 1, South Gate 2, Merced County 1, Newport Beach 1, Ontario 1, San Diego County 1, San Francisco 1, Santa Cruz County 1, Shasta County 1, Siskiyou County 1, Tulare County 2, Yuba County 1.

## Food Poisoning

11 cases: Los Angeles County 4, Pomona 4, San Francisco 3.

## Undulant Fever

2 cases: San Bernardino 1, Petaluma 1.

## Tularemia

One case: California.\*

## Septic Sore Throat

One case: Los Angeles County.

## Relapsing Fever

4 cases: El Dorado County 2, Yosemite National Park 1, California 1.\*

## Rabies (Animal)

45 cases: Berkeley 4, Fresno County 2, Fresno 4, Kings County 1, Los Angeles County 6, Alhambra 1, Azusa 1, Compton 1, Glendale 2, Los Angeles 13, Manhattan 1, Pasadena 4, Redondo 1, South Pasadena 1, Whittier 1, Lynwood 1, Orange County 1.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Depressions would not come like locusts to vex us if the persons elected to public office were adequately trained in the science and art of government. Jefferson and Hamilton knew the principles underlying their age of agriculture, craft, and small trade. Our complex times can be coped with only by those who command such subjects as economics, law, social and political theory, biology, and logic. A career of the highest merit is now opening to those who have resolved to prepare themselves for governmental service, doing it with such thoroughness as is found among those entering the medical profession. What the country needs above all is voters and office-holders who reason from ascertained premises rather than let themselves be carried to conclusions by fear, favor, or pressure.

—Leon J. Richardson